

01/2012

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

IN RE:

**Paul W Graves**  
**Enma J Graves**

)  
) Chapter 7  
) Bankruptcy Case No.  
)  
)  
)

Debtor(s)

**DECLARATION REGARDING ELECTRONIC FILING  
PETITION AND ACCOMPANYING DOCUMENTS**

**DECLARATION OF PETITIONER(S)**

A. [To be completed in all cases]

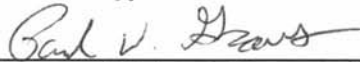
I(We), **Paul W Graves** and **Enma J Graves**, the undersigned debtor(s), corporate officer, partner, or member hereby declare under penalty of perjury that (1) the information I(we) have given my (our) attorney is true and correct; (2) I(we) have reviewed the petition, statements, schedules, and other documents being filed with the petition; and (3) the document's are true and correct.

B. [To be checked and applicable only if the petition is for a corporation or other limited liability entity.]

☐ I, \_\_\_\_\_, the undersigned, further declare under penalty of perjury that I have been authorized to file this petition on behalf of the debtor.

**Paul W Graves**

Printed or Typed Name of Debtor or Representative



Signature of Debtor or Representative

Date

**Enma J Graves**

Printed or Typed Name of Joint Debtor



Signature of Joint Debtor

Date

## Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Graves, Paul W**

**Graves, Enma J**

### Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X   
Signature of Debtor **Paul W Graves**

X   
Signature of Joint Debtor **Enma J Graves**

Telephone Number (If not represented by attorney)

Date

#### Signature of Attorney\*

X \_\_\_\_\_  
Signature of Attorney for Debtor(s)

**Frank L. Vosholler III 6292054**

Printed Name of Attorney for Debtor(s)

**Law Office Of Frnak L. Vosholler III**

Firm Name

**611 Rodney Ct.  
Lockport, IL 60441**

Address

Email: [flv@frankvlaw.com](mailto:flv@frankvlaw.com)

**708-341-2060 Fax: 888-592-6786**

Telephone Number

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X \_\_\_\_\_  
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X \_\_\_\_\_  
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X \_\_\_\_\_

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: \_\_\_\_\_

  
Paul W Graves

Date: \_\_\_\_\_

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: \_\_\_\_\_

  
Enma J Graves

Date: \_\_\_\_\_

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Paul W Graves**  
**Enma J Graves**

Debtor(s)

Case No. \_\_\_\_\_

Chapter **7**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **24** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature

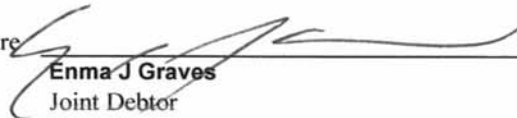


**Paul W Graves**

Debtor

Date \_\_\_\_\_

Signature



**Enma J Graves**

Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

8

**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND


TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date \_\_\_\_\_

Signature   
**Paul W Graves**  
Debtor

Date \_\_\_\_\_

Signature   
**Enma J Graves**  
Joint Debtor

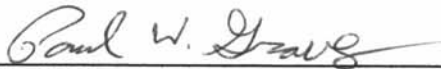
*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

B8 (Form 8) (12/08)

Page 2

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date \_\_\_\_\_

Signature   
**Paul W Graves**  
Debtor

Date \_\_\_\_\_

Signature   
**Emma J Graves**  
Joint Debtor

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Paul W Graves**  
**Enma J Graves**

Debtor(s)

Case No.

Chapter

**7**

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)**  
**UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Paul W Graves**  
**Enma J Graves**

Printed Name(s) of Debtor(s)

Case No. (if known)

X

*Paul W. Graves*

Signature of Debtor

Date

X

*[Signature]*

Signature of Joint Debtor (if any)

Date

**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.



**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Paul W Graves**  
**Enma J Graves**

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: 16

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

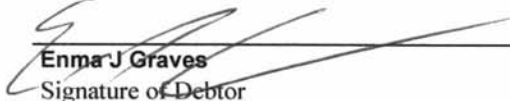
Date: \_\_\_\_\_



**Paul W Graves**

Signature of Debtor

Date: \_\_\_\_\_



**Enma J Graves**

Signature of Debtor

B21 (Official Form 21) (12/12)

Do not file this form as part of the public case file. This form must be submitted separately and must not be included in the court's public electronic records. Please consult local court procedures for submission requirements.

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re Paul W Graves )  
Enma J Graves )  
Debtor )  
Case No. \_\_\_\_\_ )  
Address 2624 W. 98th PL )  
Evergreen Park, IL 60805 )  
Chapter 7 )  
Last four digits of Social-Security or Individual Taxpayer- )  
Identification (ITIN) No(s), (if any): xxx-xx-7197 & xxx-xx-3913 )  
Employer's Tax Identification (EIN) No(s), [if any]: \_\_\_\_\_ )

**STATEMENT OF SOCIAL-SECURITY NUMBER(S)**  
*(or other Individual Taxpayer-Identification Number(s) (ITIN(s)))*

1. Name of Debtor (Last, First, Middle): Graves, Paul W  
*(Check the appropriate box and, if applicable, provide the required information.)*

- ☒ Debtor has a Social-Security Number and it is: 319-72-7197  
*(If more than one, state all.)*
- ☐ Debtor does not have a Social-Security Number but has an Individual Taxpayer-Identification Number (ITIN), and it is: \_\_\_\_.  
*(If more than one, state all.)*
- ☐ Debtor does not have either a Social-Security Number or an Individual Taxpayer-Identification Number (ITIN).

2. Name of Joint Debtor (Last, First, Middle): Graves, Enma J  
*(Check the appropriate box and, if applicable, provide the required information.)*

- ☒ Joint Debtor has a Social-Security Number and it is: 323-74-3913  
*(If more than one, state all.)*
- ☐ Joint Debtor does not have a Social-Security Number but has an Individual Taxpayer-Identification Number (ITIN) and it is: \_\_\_\_.  
*(If more than one, state all.)*
- ☐ Joint Debtor does not have either a Social-Security Number or an Individual Taxpayer-Identification Number (ITIN).

I declare under penalty of perjury that the foregoing is true and correct.

X Paul W Graves \_\_\_\_\_  
Paul W Graves Date  
Signature of Debtor

X Enma J Graves \_\_\_\_\_  
Enma J Graves Date  
Signature of Joint Debtor

*\*Joint debtors must provide information for both spouses.*

*Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.*

Debtor 1  
Debtor 2

**Paul W Graves**  
**Enma J Graves**

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>8. Unemployment compensation</b>	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$ 0.00	
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$ 0.00
<b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.		
10a.	\$ 0.00	\$ 0.00
10b.	\$ 0.00	\$ 0.00
10c. Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00
<b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 7,878.00	\$ 0.00
	+	\$ 7,878.00
		Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11

Copy line 11 here=>

12a. \$ 7,878.00

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ 94,536.00

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

IL

Fill in the number of people in your household.

3

Fill in the median family income for your state and size of household.

13. \$ 72,342.00

**14. How do the lines compare?**

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.* Go to Part 3 and fill out Form 22A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X

*Paul W Graves*

**Paul W Graves**  
Signature of Debtor 1

X

*Enma J Graves*

**Enma J Graves**  
Signature of Debtor 2

Date

MM / DD / YYYY

Date

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.

41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out  
A Summary of Your Assets and Liabilities and Certain Statistical Information  
Schedules (Official form 6), you may refer to line 5 on that form.

41a. \$ \_\_\_\_\_  
x .25

- 41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(1)  
Multiply line 41a by 0.25.

\$ \_\_\_\_\_

Copy  
here=>

\$ \_\_\_\_\_

42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay  
25% of your unsecured, nonpriority debt.  
Check the box that applies:

- ☐ Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, *There is no presumption of abuse.*  
Go to Part 5.
- ☐ Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, *There is a  
presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

**Part 4: Give Details About Special Circumstances**

43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no  
reasonable alternative? 11 U.S.C. § 707(b)(2)(B).

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each  
item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments  
necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income  
adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense  
or income adjustment

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Part 5: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X Paul W. Graves  
Paul W Graves  
Signature of Debtor 1

Date \_\_\_\_\_  
MM / DD / YYYY

X Enma J Graves  
Enma J Graves  
Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY